



DO NOT REMOVE! FORM IS REQUIRED FOR INSPECTION

BF27

Department of Growth Management  
Building Division

## Mobile/Manufactured Homes Set-Up Certification

1. Owner's Name: \_\_\_\_\_ Permit #: \_\_\_\_\_
2. Site Address: \_\_\_\_\_
3. Mobile Home Manufctr.'s Name: \_\_\_\_\_ Park Trailer Name: \_\_\_\_\_
4. Construction Type: ☐ HUD or ☐ ANSI Model # \_\_\_\_\_ Serial # \_\_\_\_\_
5. Date Built: \_\_\_\_\_ Wind Zone: \_\_\_\_\_ Box Length: \_\_\_\_\_ Box Width: \_\_\_\_\_
6. Type of Mobile/Manufactured Home: ☐ Single Wide ☐ Double Wide ☐ Triple Wide
7. Set-Up Requirements: ☐ Set-Up Manual (new) ☐ DMV Specifications (new and/or used)
8. Soil Bearing Capacity \_\_\_\_\_ pounds per sq. ft. Indicate roof pitch: \_\_\_\_\_
9. Proposed Anchor Lengths: ☐ 5 foot **OR** ☐ \_\_\_\_\_ with Torque Test meeting 276 to 350 inch pounds.

ITEM	INSTALLATION	15-C-1	15-C-1 BLUE BOOK	MANFCTR'S MANUAL
Frame Blocking and Spacing	Pad Size: Center to Center Spacing:	Page # 11	Page # 7	Page #
Perimeter Blocking and Spacing	Pad Size: Center to Center Spacing:	Page # 9	Page # 6	Page #
List Special Blocking Locations and Requirements	<input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Fireplaces <input type="checkbox"/> Other	Page # 9	Page # 6	Page #
Manufacturer's "Model Specific" Center/Marriage Line Column Locations	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Page # 9	Page # 6	Page #
Manufacturer's "Model Specific" required Loads and Foundation Sizes	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Page # 9	Page # 6	Page #
Frame Tie-Down Spacing (if used)	Center to Center Spacing:	Page # 14	Page # 10	Page #
Name of Manufacturer's Lateral Bracing system (see Side Wall Anchors*). Installation specifications to be attached.	Name:	Page # 14	Page # 10	Page #
Amount of Lateral Braces used		Page # 14	Page # 10	Page #
Amount of Over Roof Tie-Downs Required (single wide only)		Page # 17	Page # 13	Page #
Amount of Longitudinal Anchors (if used)		Page #15	Page # 11	Page #
Name of Manufacturer's Longitudinal Bracing System. Installation specifications to be attached.	Name: Amount of Longitudinal Bracing Used:			Page #
Side Wall Anchors Installation per Manufacturer (must be factory installed to use Lateral Bracing System)	Spacing Center to Center:			Page #

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE DEEMED INSUFFICIENT!**

This form *shall* be at the job site with the **Set-Up Manual** prior to first inspection and remain for retrieval at the time of **Final Inspection**.

- **Ventilated skirting material specifications shall be provided with this application.**
- **Factory Floor Plan is required on all new homes.**

I hereby certify that this mobile/manufactured home will be set, blocked, tied down and joined (if applicable) per the manufacturer's specifications or the Department of Motor Vehicles' specifications for placement (15-c, 1 & 2) as indicated above, for this geographical location and the existing soil condition.

Signed by Installer/Agent

Installer's License Number

Printed Name

Date